Application Data Sh t

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Computer Readable Form (CRF)?:: No

Title:: DEVICE FOR VISUALLY INDICATING A

BLOOD PRESSURE

Attorney Docket Number:: 030481-0212

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Per

Family Name:: EGNELÖV

City of Residence:: Uppsala

Country of Resid nc :: Sweden

Street of mailing addr ss:: Nannasväg 6

SE-754 40 Uppsala

Country of mailing addr ss:: Sweden

Applicant Authority Type:: Inventor

Primary Citiz nship Country:: Sweden

Status:: Full Capacity

Given Name:: Fredrik

Family Name:: PREINITZ

City of Residence:: Uppsala

Country of Residence:: Sweden

Street of mailing address:: Tibastvägen 14

SE-753 50 Uppsala

Country of mailing address:: Sweden

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: James

Family Name:: FUCHS

City of Residence:: Uppsala

Country of Residence:: Sweden

Street of mailing address:: Botvidsgatan 8 c

SE-753 29 Uppsala

Country of mailing address:: Sweden

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Dan

Family Name:: ÅKERFELDT

City of Residence:: Uppsala

Country of Residence:: Sweden

Street f mailing addr ss:: Nyvla

SE-755 92 Uppsala

Country of mailing addr ss:: Sweden

·					
Applicant Authority Type::	Inventor				
Primary Citiz nship Country::	Sweden				
Status::	Full Capacity				
Given Name::	Lars				
Family Name::	TENERZ				
City of Residence::	Uppsala				
Country of Residence::	Sweden				
Street of mailing address::	Björkhagsvägen 24				
	SE-756 46 Uppsala				
Country of mailing address::	Sweden				
Correspondence Information					
Correspondence Customer Number:: 22428					
E-Mail address::	PTOMailWashington@Foley.com				
*					
Representative Information					
Representative Customer	22428				
Number::					
Domestic Priority Information					

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/439,800	01/14/2003

For ign Priority Information

Country::	Applicati n	Filing Date::	Priority Claimed::
·	numb r::		_

Assignee Information

Assignee name::

RADI MEDICAL SYSTEMS AB